

***Dr. William R. Fair***

***Professor of Urology***

***Cornell University Medical College***

***Attending Surgeon, Urology Service***

***Florence and Theodore Baumritter/***

***Enid Ancell Chair of Urologic Oncology***

***Memorial Sloan-Kettering Cancer Center***

***John and Robert Bendheim Prostate Cancer***

***Diagnostic Center - 303 East 65<sup>th</sup> Street***

***New York, NY 10021***

***July 31, 1998***

Mr. Chairman, Members of the Committee of Government Oversight & Reform: I am grateful to Congressman Burton and the committee members for allowing me to address the Committee and express my personal opinions on the need for more research funding in the area of complementary and alternative medicine.

I am Dr. William R. Fair, Attending Surgeon and former Chief of the Urology Service at Memorial Sloan-Kettering Cancer Center, and Professor of Urology at Cornell University Medical College. I also serve as Chairman of the Complementary and Alternative Medicine Committee of the American Urological Association. In addition to my professional qualifications, I also appear as someone who has had a personal experience with cancer—in my case colon cancer and over the past 3 ½ years have had 4 surgical procedures and a year of intensive chemotherapy. My presence here today with an excellent life quality, 18 months after I exhausted all curative therapy known to allopathic medicine, is in itself a testimony to the effect of complementary medicine in cancer management.

As a result of a longstanding research interest in the role of nutrition on cancer—particularly prostate and breast cancer—plus the stimulus of my own condition, I have extensively analyzed the available scientific data on complementary medicine. I was amazed and pleased to find out just how much good clinical and experimental data exist showing a benefit of complementary or alternative medicine (CAM) techniques in the management of cancer and other chronic diseases, and how much opportunity there is to

test essentially minimal or non-toxic approaches that promise to significantly improve or maintain the quality of life in patients with cancer.

On the other hand, I was dismayed to learn how little validated scientific testing was done on some approaches despite widespread use of these techniques among the lay population, and how little research funding is available to properly evaluate a number of complementary medical approaches that anecdotally appear useful and represent eminently testable hypotheses.

It is important for the committee to appreciate the distinction between complementary and alternative medicine as used in my testimony. I believe the best term is complementary medicine which embraces techniques not generally taught as part of a medical school curriculum, that may be used to complement or augment standard therapy rather than an alternative to replace orthodox treatment. Although some measures now considered alternative may eventually become standard therapy and replace commonly accepted procedures. For example, in the 17<sup>th</sup> century the use of Foxglove, the digitalis plant, was ridiculed by physicians when it was used as a substitute for blood-letting or leeches in the treatment of congestive heart failure.

Unfortunately, the term CAM enhances a wide spectrum of practitioners, from those with valid scientific approaches, to the charlatans and quacks who prey on the fears and anxiety of the cancer patient for purely financial gain. Thus, the unscrupulous promoter who advocates wearing crystals on your head or ear candling as a cancer cure should not

be confused with those who use nutritional support, exercise, stress reduction, group support acupuncture, herbs and spirituality to provide demonstrable benefit to cancer patients.

Chairman Burton has correctly pointed out the very word "cancer" is so terrifying and the impact on the individual so uncertain, that faced with the diagnosis an individual seeks help and treatment from whatever source he or she can find. The facts that the alternative medicine "business" has grown from 13 billion in 1990 to an estimated 50 billion in 1997 and that more people visit alternative medicine practitioners than primary care physicians in the United States speak to the attractiveness as these approaches to consumers.

Lastly, the critics of complementary and alternative medicine (CAM) bemoan the lack of scientific studies documenting efficacy. This criticism is valid but the lack of evidence based medicine is not unique to CAM but exists in traditional medicine as well. Consider the use of autologous bone marrow transplant for women with metastatic breast cancer. In the 5-year period between 1989-1994 there was a 6-fold increase in the use of bone marrow transplantation despite the lack of demonstrable survival advantage using their expensive, morbid and occasionally fatal intervention. In contrast, a landmark study by Spiegel and colleagues at Stanford University demonstrated a doubling of survival in breast cancer patients receiving a single 1 1/2 hour session of group support for 1 year. As expected the median survival in the control group was 18 months versus 36 months in those receiving group support. Ladies and gentlemen, I submit that if these figures were the result of a new drug or expensive interventional procedure that would allow an

industrial profit it would make the front page of every newspaper and be covered by every TV news channel in the country.

I strongly believe that we are entering a new era in our approach to cancer therapy in which not cure, but control, of the malignant growth may be the goal of treatment. As I reflect on the approach to chronic disease taught in medical schools, I am struck by the fact that only with cancer do we consider the absolute cure of the problem is the only acceptable goal. Yet in dealing with other chronic potentially fatal diseases it is accepted that control of disease progression is adequate even if cure is not possible.

Thus, while we recognize, for example, that the total cure of cardiovascular disease, diabetes, asthma and arthritis is not currently possible, NIH funded research has enabled advances that provide ways of controlling disease progression and maintaining or improving quality of life even if cure is not possible.

We can potentially apply the same strategy to some cancer. In prostate cancer, for example, it is recognized that the time from when the first cell undergoes a malignant change until the disease can be a threat to life may well be 20-30 years! Imagine, if we could simply show the growth rate of the prostate tumor in 65 year old men using complementary techniques such as nutrition, exercise, stress reduction, etc., by 50%—in most men this would be tantamount to a cure without resorting to the potential morbidity of radiation, surgery or chemotherapy.

I believe that we need to continue the search for a cure for cancer but despite the prodigious advances in molecular biology, immunology, genetics and other areas, the cure will not come easily. To increase funding which will allow adequate research trials of complementary techniques aimed at slowing disease progression and improving life quality should be viewed as part of our overall strategy in the war against cancer.

We have heard the impressive statistics conveying just how important complementary and alternative medicine is to the average American. Despite the staggering amount spent out of pocket by Americans, the NIH expenditures for research in this area is miniscule and should be greatly augmented.

In conclusion, as an academic physician involved in cancer research, teaching and clinical care, and as an individual afflicted with the scourge of cancer, I believe we, in American medicine, are falling far short of what is needed to maximize cancer care for our citizens. My recommendations to the committee to stimulate more research in this most important area are as follows:

- 1.) The recent establishment of a Cancer Advisory Panel to the office of alternative medicine (OAM) is a step in the right direction but not nearly enough. The panel may make recommendations to the OAM, but the real fate of any grant proposal will be decided by the study section to which the grant is assigned by the NCI. Initially, there will not be enough CAM grant proposals to warrant the establishment of a separate study section; I am dubious that any of the existing study sections will look with a great deal of

favor on the Complementary Medicine Grants competing with other grants submitted to the NCI. I believe the only way to ensure adequate oversight of these grants is for the Chairman to push to have someone sympathetic to the CAM community appointed to the National Cancer Advisory Board. An individual with a true interest and commitment to CAM sitting on this committee could exert a powerful influence in assuring the Complementary Medicine grants are given an adequate review, and equally important, that information be disseminated from the National Cancer Advisory Board to the CAM community concerning strategies to increase the likelihood of success of grant applications.

A representative on the NCAB chosen because of research experience and knowledgeable concerning the role of complementary and alternative medicine in cancer management would assure the CAM community and the American voter that our government is aware of the growing demand for CAM services and determined to evaluate these modalities in an impartial, scientific and carefully scrutinized method to enforce effectiveness and safety.

2.) At some future time a study section devoted to a reviewing CAM grants would be a worthwhile goal but I believe such a demand would be impractical and unwarranted at this time.

I thank you for giving me this opportunity to address the committee.